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VIA FACSIMILE NO.: 703-872-9306**PATENT
MOS01 P-107****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Serial No. : 10/796,621 Confirmation No.: 2806
Applicant : Klaus-Jürgen Winter and Karl Zacharias
Filed : March 9, 2004
Art Unit : 3654
Examiner : Marcelo, Emmanuel Monsayac
For : LOWER BLOCK FOR A CABLE ACTUATOR
Attorney Docket No. : MOS01 P-107
Customer No. : 28101

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:


CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. RESPONSE (9 pages)
2. CLAIMS AS AMENDED form (1 page, in duplicate)

YOU SHOULD RECEIVE A TOTAL OF TWELVE (12) PAGES.

Dated: May 20, 2005.


Donna J. Raaymakers
Van Dyke, Gardner, Linn
& Burkhardt, LLP
2851 Charlevoix Drive, S.E., Suite 207
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Grand Rapids, Michigan 49588-8695
616-988-4108

FSB:djr
MOS01 P-107

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Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3		Small Entity		Other Than a Small Entity
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 21	Minus	** 21	= 0	x \$ 25	\$ -	x \$ 50	\$ 0
Independent Claims	* 2	Minus	*** 3	= 0	x \$100	\$ -	x \$200	\$ 0
First Presentation of Multiple Dependent Claims \$180						\$ -	x \$360	\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ -		\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

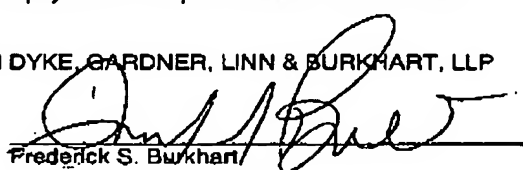
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ Small entity status of this application 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. ☒ No additional fee is required.
3. ☐ A check in the amount of \$_____ is attached.
4. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190. A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Dated: May 20, 2005.

By: 
 Frederick S. Burkhardt
 Registration No. 29 288
 P.O. Box 888695
 Grand Rapids, Michigan 49588-8695
 (616) 988-4104

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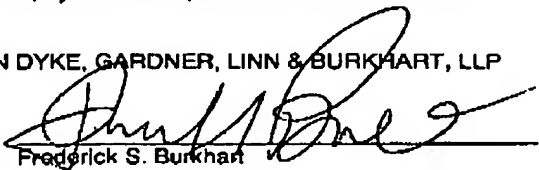
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RESPONSE

This is in response to the Office Action mailed March 4, 2005.

Amendments to the claims are reflected in a listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.